CLA	UMS ONLY		Applicati			
	CLAIMS ONLY		Application Number	Filles	T Ellipa D.	
			10/10/11/29/	Filing Date		
			Applicant(s)		:	
CLAIMS AS EIL			1			
CLAIMS ASFILE		AFTER SECOND	May be used for additional		•	
Indep De	AMENDMENT	AMENDMENT	lenoillippe for additional	daims or amendments		
	epend Indep Depend	Indep Depend		1. '	T	
3			Indep Depen	d Indep Depend	1	
4			52	Indep Depend	Indep Depend	
5			53		1	
6 7			54		1	
6 /			56			
9			. 57			
10			5.8 59			
12			60			
J 10 1	1		61			
15		- 	62 63			
16			6.4			
. 17	+		65 66			
19			67			
20	4		60			
21 1			70		-	
23			71			
24			2			
26		1	4	-		
27		1 7:	5		$\overline{+}$	
. 29		76		1	+	
30		70				
32		79		1-1-	1	
-33		- 61				
34		62			\vdash	
36		84	1-1-	\pm		
37		65 86				
39		67	1-1-	1		
40						
42		90				
43		91				
44		92			-	
46		94				
47		95				
46		96 97				
50		45				
Total		99				
· inoep 4		Total				
Depend 74	₹ J	Indep	11 7	1		
Total		Total	- ↓.	-1		
Claims 43		Depend Total		1	- 1	
	-	Claims	. -			
		•			7	
	•		•		→ ;	